



Today's date: _____

BUSINESS LICENSE APPLICATION

LICENSE NO. FY2017

NAME OF BUSINESS _____

Name of Corporation if different from name of business: _____

Business start date: _____

ADDRESS (Location of business) _____

Business Phone No. _____ Location Manager _____

Number of full-time employees: _____ Number of part-time employees: _____

Must Have Mailing address: _____

Main Phone No. _____ Email Address _____

TYPE OF BUSINESS (be specific about services.) (Primary Sales and/or Services)

RETAIL _____ **WHOLESALE** _____ **OTHER** _____

SOCIAL SECURITY NO, or FEDERAL TAX ID, NO. _____

STATE OF MARYLAND PERMIT# _____ DATE OF ISSUE _____

PRINCE GEORGE'S COUNTY LICENSE# _____ DATE OF ISSUE _____

WORKER'S COMPENSATION NUMBER# _____

INCORPORATED _____ UNINCORPORATED _____ OTHER _____

OFFICERS: _____

OWNER(S) _____

First time applicants, Please provide copy of Prince George's County Business license and if applicable State of Maryland Permit.

**THE LICENSE FEE ISSUED UNDER THIS APPLICATION IS \$110.00, PAYABLE TO:
CITY OF NEW CARROLLTON, COMPLETE AND MAIL THIS FORM AND YOUR PAYMENT TO:
CITY OF NEW CARROLLTON, 6016 PRINCESS GARDEN PARKWAY, NEW CARROLLTON, MD 20784
ATTENTION: CITY BUSINESS LICENSE**

July 1, 2016 through June 30, 2017
Fiscal Year 2017